

**Application Form for
Roster of Certified Court Interpreters for the Spanish Language**

Name: _____

Street Address: _____

City/State: _____ Zip Code: _____

Contact Numbers: _____

E-mail Address: _____

Hourly Rate: _____ Cents per word rate: _____

Please list the counties for which you are willing to work: _____

I have read and understand I.C.A.R. 52 and the Model Code of Professional Responsibility for Interpreters in the Judiciary.

(Signature)

(Date)

Please mail or FAX to:

Administrative Office of the Courts
Attn: Court Interpreter Certification Program
P.O. Box 83720
Boise, Idaho 83720-0101
(208) 334-2246
(208) 947-7590